

TOWN OF SPENCER  
*Office of Development & Inspectional Services*



*Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health*

*Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist*

**Application for Installation  
and Inspection of  
Solid Fuel Burning Appliances**

*Memorial Town Hall  
157 Main Street  
Spencer, MA 01562*

*Tel: 508-885-7500 ext. 180  
Fax: 508-885-7519*

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**Type of Solid Fuel Burning Appliance**

\_\_\_\_\_ Wood Stove

\_\_\_\_\_ Multi Fuel

\_\_\_\_\_ Add-On Unit

\_\_\_\_\_ Pellet Stove

\_\_\_\_\_ Solid Fuel

\_\_\_\_\_ Separate Unit

Date: \_\_\_\_\_

Owner Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

Installer/Contractor \_\_\_\_\_ License # \_\_\_\_\_

Type of Chimney \_\_\_\_\_ Location of Appliance \_\_\_\_\_

Model Name of Appliance \_\_\_\_\_ Serial # \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Property Owner's Signature (if different from applicant)

**FOR DEPARTMENT USE ONLY:**

Official Use Only: Permit # \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_